

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILED
Date Stamp
JAN 29 2010
CITY OF SANTA MARIA
BY: [Signature]
City Clerk

CALIFORNIA
FORM
460

Page 1 of 4

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

Statement covers period
from 07/01/2009
through 12/31/2009

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1307852

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends Of Mike Cordero

Treasurer(s)

NAME OF TREASURER

Kinde Durkee

MAILING ADDRESS

1212 S Victory Blvd

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Burbank

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

1212 S Victory Blvd

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Burbank

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/27/2010
Date

Executed on 01/27/2010
Date

Executed on _____
Date

Executed on _____
Date

By Kinde Durkee

Signature of Treasurer or Assistant Treasurer

By Mike Cordero

Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By _____

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mike Cordero

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member, City Of Santa Maria, District: n/a

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1212 S Victory Blvd Burbank CA 91502

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period

from 07/01/2009

through 12/31/2009

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Mike Cordero

I.D. NUMBER

1307852

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections

1. Monetary Contributions Schedule A, Line 3 \$ 0.00
2. Loans Received Schedule B, Line 3 \$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 0.00
4. Nonmonetary Contributions Schedule C, Line 3 \$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 0.00

\$ 500.00
\$ 26200.00
\$ 26700.00
\$ 0.00
\$ 26700.00

1/1 through 6/30 7/1 to Date

20. Contributions Received \$
21. Expenditures Made \$

Expenditures Made

6. Payments Made Schedule E, Line 4 \$ 0.00
7. Loans Made Schedule H, Line 3 \$ 0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 0.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 \$ 0.00
10. Nonmonetary Adjustment Schedule C, Line 3 \$ 0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 0.00

\$ 15310.00
\$ 0.00
\$ 15310.00
\$ 0.00
\$ 0.00
\$ 15310.00

Expenditure Limit Summary for State
Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election
(mm/dd/yy)

Total to Date

/ / \$
/ / \$

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 107.91
13. Cash Receipts Column A, Line 3 above \$ 0.00
14. Miscellaneous Increases to Cash Schedule I, Line 4 \$ 0.00
15. Cash Payments Column A, Line 8 above \$ 0.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 107.91

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 26200.00

Schedule B - Part 1

Loans Received

Type or print in ink.
Amounts may be rounded
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. NUMBER

1307852

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mike Cordero 1324 Ruby Court Santa Maria CA 93454 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant Santa Maria Police Department	\$ 21171.18	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 21171.18 DATE DUE	0.00% RATE \$ 0.00	\$ 3128.89 DATE INCURRED 08/27/2008	\$ 0.00 PER ELECTION ** \$ 26200.00 G2008
Mike Cordero 1324 Ruby Court Santa Maria CA 93454 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant Santa Maria Police Department	\$ 3828.82	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3828.82 DATE DUE	0.00% RATE \$ 0.00	\$ 3828.82 DATE INCURRED 09/02/2008	\$ 0.00 PER ELECTION ** \$ 26200.00 G2008
Mike Cordero 1324 Ruby Court Santa Maria CA 93454 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant Santa Maria Police Department	\$ 1200.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1200.00 DATE DUE	0.00% RATE \$ 0.00	\$ 1200.00 DATE INCURRED 08/04/2008	\$ 0.00 PER ELECTION ** \$ 26200.00 G2008
SUBTOTALS \$ 0.00 \$ 0.00 \$ 0.00 \$ 26200.00 \$ 0.00								

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 0**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.